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## ORIGINAL COMMUNICATIONS.

### REPORT OF CLINICAL CASES OF DISEASES OF THE EAR, THE CHIEF SYMPTOMS OF WHICH WERE "TINNITUS AURIUM," OR NOISES IN THE EARS.

ILLUSTRATIVE OF A PAPER PUBLISHED IN THE "PHILADELPHIA MEDICAL TIMES," JUNE 27, 1874.

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(Concluded from page 5.)

WE have now and then very favorable results from the galvanic excitement in isolated cases, as may be noticed by a reference to the author's statement of cases of nervous deafness treated by Brenner's formula;\* yet Brenner states that he had failed in seventeen cases of tinnitus. In a carefully prepared paper by H. Schwarze, of Halle,† he observes, "I am far from denying favorable effects of the galvanic excitement in isolated cases, but I have not been able to convince myself at any time of any real and permanent results from galvanization. . . . Moreover, we must remember that a series of (more recent) ear-troubles, also of such whose causes must be sought for in the cranial cavity, are capable of a spontaneous cure. Whoever has not frequently convinced himself of this fact, is apt to over-estimate his therapeutics. The physician who is in the habit of treating all diseases by the preference of one remedy, as, for example, electro-therapeutics, of necessity over-estimates the results of his favorite remedy."

#### Case VI.—Extreme deafness, with noises, from sun-stroke.

Henry C. K., aged 44, has suffered from complete deafness of eight years' duration; supposed cause, sun-stroke. He had applied cold water to his head after exposure to the intense heat of the sun; no pain; says he has ordinary noises in the ear. His deafness commenced in California. Has also granular pharyngitis, extending into Eustachian tubes, with ulceration of the mucous membrane lining the vomer. Left Eustachian tube closed. The right Eustachian tube is pervious, but much narrowed. Cicatrix on left membrana tympani. Right membrana tympani more normal in appearance. Watch not heard on either side. Tuning-fork heard only on temporal bones. The patient having tried all manner of treatment without success, the writer perforated the membrana tympani, and, with Weber's improved tenotome, divided the tendon of the tensor tympani, with the assistance of the resident physician of Howard Hospital, Dr. Parish. The operation was followed by pain and a few drops of blood.

Directed oil of turpentine, ten drops every three hours, in mucilage of gum arabic, until all the acute symptoms had disappeared; electricity was then applied by Dr. Warrington, who has furnished the following notes of the case:

July 21.—First application of electricity. Stöhrer's battery, six cells. Cathode in ear; anode in right hand. No impression.

July 22.—Eight cells. Slight sensation of sound.

August 1.—Eight cells. Continued to apply electricity six times a week, about the same force and the same effect; hearing constantly improving. The throat treated by scarification and application of tincture of iodine and glycerin, equal parts. Improvement. Internal treatment, iodide of potassium from four to eight grains three times a day, combined with tincture of columbo or ginger. Also chlorate of potash, ʒij; tincture of chloride of iron, fʒij; syrup, fʒj; glycerin, fʒj; water, fʒij. —M. Tablespoonful doses three times a day. The patient felt so much better that he desired the operation of tenotomy of tensor tympani of the other ear.

September 20.—On performing the operation, he was immediately deprived of the power to hear words in that ear. Inflammation and suppuration followed. Eustachian tube became very patulous. On speaking into the ear, words were seldom distinguished, but the sound was intense and distressing. Throat more inflamed. Injected the ear with sulphate of zinc, gr. iii; sulphate of morphia, gr. i; water, ʒi. Symptoms of improvement, and some return of hearing. In three weeks applied electricity, eight cells, slight effect.

October 10.—Throat improved; hearing in right ear good, also in left ear.

December 11.—Hearing for sounds better than at any time since the operation. Throat well; able to hear words in conversation better than ever before.

Case VII.—Concussion, with extravasation of blood into labyrinth, terminating in an acute attack with deposit in the mastoid cells, with deafness and severe tinnitus of left ear. (Reported by Dr. Parish, late resident physician of Howard Hospital.)

Edward McH., native of Wales, aged 45. He stated that, when passing up the Mississippi River during the war, on the flag-ship "Hartford," under Commodore Farragut, a cannon was fired immediately over his head, the left ear being towards the gun. So close was he that his hair was burned. He immediately became insensible, and, on arousing in about an hour, found himself very giddy, and with pain in his head, but not in the ears. Nausea and vomiting were present, and occasionally occurred during the following two or three days. Prior to this accident he could always hear well, and never had any trouble with either ear. Since the accident, the left ear has been almost completely deaf, but at no time has he had tinnitus in the left ear. At the same time hearing diminished in right ear, but was not abolished.

About September 15, 1873, right ear lost almost entire appreciation of sound, when tinnitus and buzzing supervened.

About October 1 a purulent discharge appeared in right ear.

October 27.—At present both membranes perforated; left apparently drawn in; purulent discharge from right meatus. Had both washed out, and applied argenti nitras in solution.

October 30, 1873.—Hearing improved in right ear; left ear still very deaf; perforation of right apparently healing; that of left still very large. Solution of argenti nitras passed into left ear; it is felt in the pharynx, and is tasted by the patient.

November 2, 1873.—Hearing much improved in right ear, but severe pain in it and mastoid cells and over right side of head, with swelling. Dr. Turnbull punctured mastoid cells with a bistoury down to the bone, giving severe pain at the time, and causing the man to become quite pale and faint.

November 6.—Returns entirely free from pain. Hearing much improved, and tinnitus entirely gone. Patient much pleased with result.

\* Turnbull, Clinical Manual of the Diseases of the Ear, p. 389.

† Archiv für Ohrenheilkunde, March, 1874.

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*Case VIII.—Concussion, with symptoms of extravasation of blood into labyrinth or semicircular canals.*

During the summer of 1864 Dr. Parish saw a soldier in apparent general good health, very deaf, and with constant and great tremulousness of head and upper extremities chiefly, but also to some extent of lower extremities; very giddy on attempting to walk, and gait very unsteady. He stated that a few days previously, while lying in front of the breast-works, a heavy cannon was fired in close proximity to him, and that the ball passed but a few feet from his head. He was instantly rendered unconscious, and continued so for a few hours. On returning to consciousness, found himself in condition as above. He was on his way home on furlough when Dr. Parish saw him, and he was not again heard from.

*Case IX.—Congestive tinnitus, the result of working at a heated furnace with head bent to one side; all the ordinary remedies employed, with tenotomy of the tensor tympani; no improvement.*

Margaret A., aged 36, an intelligent woman, living as a domestic, applied at Howard Hospital with intense tinnitus. She has had charge of a large furnace; while looking into and raking it when in full blast she was suddenly seized with headache, giddiness, and noises on the side nearest the heated part, in the winter of 1871. She consulted Dr. H., a young and intelligent physician, a resident of one of our large hospitals, who syringed her ear, giving her quinia, etc., but with no relief. She then visited the Philadelphia Eye and Ear Infirmary, and was under the judicious care of the aural surgeon of that institution for some time, but his treatment was of no benefit to her. Came to Howard Hospital in January, 1873. A careful examination was made, and the Eustachian tubes were found open in both ears. Right ear, the one in which the noises disturbed her, the membrana tympani was retracted, with axillary rotation of the handle of malleus; no catarrhal trouble in pharynx. After employing all the local remedies, as the air-douche, injection by the double catheter, and washing out Eustachian tubes, also injecting into the middle ear solution of potash and hydrate of chloral, with no benefit, she was advised to have perforation of the posterior fold. She willingly consented, and returned on April 10. The writer then perforated the posterior fold of the membrana tympani in the presence of Dr. Mathews, resident physician in Howard Hospital (1871), and passed a warm solution of bicarbonate of soda, by a closely-fitting air-tight syringe; this gave her considerable pain, and she was ordered a solution of zinc sulphate, gr. iii to the ounce of warm water, to be applied at night, also a quarter of a grain of morphia if in pain, with extract of hyoscyamus applied around the ear. The perforation kept open for one month, but with no relief to the noises.

On May 5, 1873, I performed tenotomy of the tensor tympani, and applied electricity to the pharyngeal orifice of the Eustachian tube, in the presence of Dr. Parish, with Weber's tenotomy; the patient did not complain of much pain; I directed a mixture of spiritus terebinthinæ, etc., as advised by Weber-Liel.

On the 12th of May I injected the middle ear with solution of zinc sulphate, gr. vi to 3j aquæ, which gave her pain; I directed hydrate of chloral to relieve her.

She returned to the hospital on the 15th, 18th, 21st, and 29th,—no improvement. On the 29th she desired to have the operation repeated, in hopes of some benefit; this was again done. She suffered but little during the last operation; no bleeding as at the first operation. She could pass air by the perforation, but there was no improvement in the noises.

Called at the hospital, by request, in six months. December, 1873, still troubled with the noises; no impair-

ment of hearing since the operation. No pain. Membrana tympani shows two spots of opacity. Able to attend to her duties; is as well as before the operation.

*Case X.—Complete deafness, with no tinnitus; not any loud sounds heard, and no articulate sounds recognized even by the use of the most powerful ear-trumpet.*

A. H., aged 55, a lawyer by profession, and a gentleman of fine literary taste and philosophic knowledge, applied to the writer during the winter of 1873. The history of his case was as follows. He gradually lost his health, and with it his hearing, about one year before he applied; he still heard sounds when he placed himself under the care of a physician of this city, who, he stated, first introduced steam into his middle ear, and then blew cold air, which was followed by total deafness (doubtful). When he came to the writer he was under Prof. Agnew's care for his general health, and the writer made but a casual examination, and advised him to continue, and found both Eustachian tubes open,—one more than the other,—with dense opacity of both membrana tympani, without tinnitus, showing complete paralysis of the auditory nerve. In partial paralysis we have subjective or pseudo-subjective sensations. This patient again presented himself in the fall of 1874, and was very desirous of having something done for his hearing. His health was improved, but with the improvement no sounds were heard. We had therefore to inform him that no means that we knew of would be of any benefit to his hearing. His only brain-symptom was vertigo.

*Case XI.—Deafness, but hearing by the use of the ear-trumpet; tinnitus with distressing vertigo; patient relieved by the operation of tenotomy of the tensor tympani.*

The following are the notes of this case: George B., aged 45, Princeton, Indiana, applied May 16, 1874. Has been a merchant in the neighborhood of Pike's Peak; was a soldier for one year, but was discharged on account of his deafness and his liability to fall from dizziness. History: has had no children's diseases, but had intermittent fever for ten years, with enlargement of the spleen. Has never had any pain in his ears, but on one occasion accidentally struck his left ear with much force, and had a discharge of yellowish pus for one week. In the year 1859 heard as well as any one; became interested in a mill, when, owing to exposure, his hearing began to leave him. He became a soldier, but he could not hear the fife or drum; and yet he could distinguish some of the low notes of the piano but none of the upper notes; could hear the human voice in his own ear-trumpet, made by himself, of thin platinum in the form of an auricle, which was so light in weight that he balanced it in one ear. The treatment he had been under consisted in syringing the ear, and soon after it was followed by a pulsating noise in the left ear, which was at first intermittent, but after a time became constant. He had in his right ear sounds like a letting-off of steam. He had been under physicians at his home and in New York City. Examination: external meatus normal; chronic inflammation of membrana tympani of left ear, with injections along the handle of the malleus, with deposit of lymph and adhesions. This was evidently the effect of the blow. Right membrana tympani injected, with depression, with deposit of lymph on the vessels along the handle of the malleus. Rhinoscopic examination of the orifices of the Eustachian tubes: left, open and patulous, with enlarged glands; right not so much open. Tuning-fork heard best in the right ear; left not so perfect, showing conduction of the bones of the head, and not entire paralysis of the auditory nerve, as in the other case. Examination by exhausting the air by Siegle's pneumatic apparatus repeatedly applied, afforded no relief to the pulsating noises.

Pressure by shutting the nose modified them somewhat. Faradization with the sponge on wire insulated produced a sound like that of a fly on a window-pane; on increasing the power the pain became much more intense under the ear and in his teeth, but no relief to the tinnitus. By the use of the author's double otoscope, heard the sound of the air in the right Eustachian tube loudest.

May 26, decided to operate by tenotomy of the tensor tympani, and to break up the adhesions as the only chance for relief. This was performed at Howard Hospital, assisted by the resident physician, Dr. J. Barr (1874), and in the presence of two medical students. On perforating the drum, there was some difficulty in dividing the tendon of the muscle, which was unusually thick and resistant, and the patient experienced considerable pain, owing to the adhesions which had to be broken up by passing the knife under them. To prevent inflammation, the ear was carefully covered up, and a mixture of terebinthinae spiritus and ammonii chloridi given three times a day.

Reported same day: parts looking very well and open; all pain ceased by 7 P.M. the evening of the operation. Feels relieved of a certain disagreeable sensation in his head (vertigo),—feeling of falling.

May 30.—Still continues well; injected a solution of one grain of sulphate of zinc through the opening; not much pain; this was repeated twice.

The patient left for his home in a few days after the operation, and when he arrived the writer received the following letter from him, in which he states, "I arrived at home all right; no trouble with ear. The left Eustachian tube is now more open than it ever was; hearing about the same in both ears; had no trouble with my head since the operation."

I gave him certain instructions to be carried out, also advised a more extended trial of the faradic current, as Brenner's formula had been obtained by its use in our first experiment with his deaf ear. This, it is true, is rather like a confirmation of Schwarze's second conclusion, "that Brenner's normal formula is obtained in absolute deafness;" but there must be no tinnitus, for we have no such result in cases where there is absolute paralysis of the auditory nerve (see case before referred to).

The following are the conclusions of the eleven cases reported: four were cured, two much improved, two improved, one not improved, and two not treated. One of those not improved is a form of deafness accompanied with distressing noises, where the patient apparently was in sound health a few hours before; this is followed by apoplectic symptoms, with giddiness, and is due to hemorrhage into the labyrinth, and is known as Ménière's disease. The same results shown in another from injury may occur from fracture through the bony labyrinth by contre-coup. In one we had absolute paralysis of the acoustic nerve, with little or no tinnitus.

"Nolet,\* of Leyden, has made experiments concerning the origin of pulsating tubular noises which have been so much discussed, the main results of which are here given, because they are important. Vascular or pulsating noises are produced in tubes of equal calibre, if the velocity of the current be great; and this velocity must be the greater the smaller the diameter of the tubes and the smoother their walls. The rougher their walls are, the sooner

will noises be produced. If there be a strictured place in the tube, a noise becomes perceptible already at a rate of velocity when there would be no noise perceptible if the narrowing were not present. When the velocity of the current was considerable, a quivering was to be felt before and behind the strictured place, which was more readily produced in tubes with thin walls than in such as had thick walls. When the tubes were partially widened, noises were produced in them by a greater velocity of the current (? translator). The noises are produced by the viscidness (vertices of the fluid), and not by vibrations of the walls of the tubes nor by rhythmical friction (?) of the out-flowing jet."

The treatment of such pulsating noises is of two kinds: first, constitutional treatment if the disease depends upon thinness of the blood or a want of certain elements; these must be supplied, if from want of iron, by chalybeates, if from want of fibrin, by wheat, etc.; if the other important elements are wanting, blood in some form itself, as the expressed juice of beef, like Valentine's, or by lamb's blood taken warm. If the blood is too thick or viscid, it must be reduced by salines. If the noises are very distressing, resort may be had to nervines and agents that will control the violent action of the heart, as aconite, digitalis, with chloral hydrate or fluid extract of valerian, Prunus virginiana, or water of the bitter almond or orange-flower. Mechanical means are also to be tried, by compressing the jugular vein over the highest point of the hyoid bone. The observations of Benedict, Türck, and Politzer confirm us in the opinion that pressure over the mastoid apophyses would, in some instances, modify these subjective noises. By removal of the narrowed condition of the meatus auditorius, as performed by Larrey and Cloquet, or by some mechanical and surgical means as related in the author's work, p. xvi. In a certain class of cases of chronic catarrh of the middle ear, Politzer has recommended the closing of the external meatus by wax or cotton charged with wax. Schwartz employed for the same purpose a ball of gutta-percha oiled, softened by means of warm water, or, as the writer prefers, gas-heat and olive oil. Luca has employed and recommended the rarefaction of the air by fitting the external meatus with an instrument like Siegle's pneumatic apparatus, especially in catarrh of the cavity of the tympanum. The condensation of the air in the auditory canal by the same instrument gives, sometimes, good results in the cases of pressure of the stapes, or stirrup, over the fenestra ovalis, or oval window.

Then follows puncturing of the membrana tympani, recommended as early as 1722, and first received into favor as a legitimate operation in surgery about the year 1800, for deafness and sounds in the ear. We have repeatedly performed this operation, and in certain cases with success; again, we have operated with no relief to the noises. Schwartz, who has performed this operation over one hundred times, has established it in cases where there has been an accumulation of mucus, blood, or pus. He prefers a transverse incision in the posterior and inferior part of the membrana tympani.

\* Trollich, *Ohrenheilkunde*, Fifth (German) Edition, p. 507. Nolet of Leyden (see *Archiv für Heilkunde*, 1871, xii.).



Dr. Luca\* has also resorted to this operation in the treatment of deafness and noises, by a division of the posterior fold or pocket for the purpose of reducing the tension of the membrane of the drum. Where he has had the peculiar rattling sound denoting a collection of secretion, which is also to be perceived by a sufficient transparency of the membrane, after cutting the posterior fold he extends the cut to about the middle of the membrane, in order to facilitate the escape of the not unfrequently very viscid and tenacious secretion. He has performed this operation (division of the posterior fold) up to 1870 forty-eight times in forty-five cases, as follows: First, in cases without demonstrable adhesions, fourteen operations: greatly improved, seven; a little improved, seven; not at all improved, none. Second, in expressed otitis media adhesive, twenty-seven operations: greatly improved, five; a slight improvement, eleven; not at all improved, eleven. Third, in genuine catarrh of the cavity of the drum, at the same time letting out the secretion, seven operations: of these, six were greatly improved, one a slight improvement. Politzer performs the same operation by incision of the posterior fold (not pocket) of the membrana tympani. His incision is a longitudinal one, at right angles to the long axis of the fold between the short process of the malleus and the peripheric end of the fold.† Of the operation of tenotomy we have already given our experience in the cases above reported.

#### A CASE OF PLACENTA PRÆVIA, WITH REMARKS.

BY W. H. PARISH, M.D.

MRS. O'D., a native of Ireland, æt. 30 years, of fair general health, had passed through two ordinary labors, and had reached the termination of the eighth month of the third pregnancy, when, to escape the attack of a drunken husband, she leaped from a window about five feet down to the pavement. A few minutes subsequently, while lying in bed, a profuse uterine hemorrhage came on, lasting until a number of cloths were saturated and until the woman became pale and weak. She, however, sent for no physician at that time, and in a few days was again at work. About two weeks afterwards another flooding came on at night, while in bed, and without assignable cause. I was sent for, and found her with all the evidences of having sustained an excessive loss of blood. This was also attested by the condition of the bedding, etc. A digital examination showed the os to be about the size of the finger, and the placenta could be distinctly felt completely closing the internal orifice. The bleeding had stopped, and there were no evidences of incipient labor. I gave some morphia, and enjoined the recumbent posture, with a cooling regimen. After watching her for a few hours I left, but returned frequently during the subsequent days. About ten days later a sudden and profuse hemorrhage came on. I reached her in a short time, and found that the bleeding had again been excessive, but had then ceased. The os was the size of the two fingers. The placenta was easily felt, and no free membrane was in reach. Slight labor-pains were present.

Having to be absent for a short time, I obtained the assistance of one of our students, Mr. Percival Loder, and instructed him on the first appearance of bleeding to introduce a tampon of soft old rags, and to saturate with a solution of equal parts of water and Monsel's solution that portion which would be against the os uteri. Hemorrhage soon returned, and Mr. Loder successfully tamponed the vagina, and, at my request, began then the administration of ergot. I returned in two hours, accompanied by Dr. C. A. Robinson, of Alabama, then on a visit to this city. We found the tampon had proved effectual. It was removed. We found the os fairly dilated, and evidently dilatable. The placenta we found to be then occupying about four-fifths only of the dilated os; the other one-fifth occupied by membranes only, and lying to the mother's right. On removal of the tampon, bleeding returned. I ruptured the membranes; the liquor amnii escaped freely, but the uterus did not respond, and the hemorrhage continued. I attempted the forceps. Dr. Robinson made faithful endeavors to steady the "movable head" by external pressure. Introducing my right hand so as with the dorsum of my fingers to press the placenta gently to the mother's left, I slipped the first blade of Wallace's forceps along the palmar surface of my hand past the placenta, and to the side of the child's head,—the position being the first one. The other blade was introduced without difficulty to the opposite side of the head, and the two were locked. My finger found, however, that the head had not been grasped. Quickly removing the second blade, I adjusted the first blade, without withdrawing it, to the side of the head, and, reapplying the other blade, locked them. My finger again showed, however, that the head had a second time escaped. It had probably moved its position, and the resiliency of the placenta had possibly pressed the first blade also from its position. I withdrew the forceps, introduced my left hand, and, seizing one leg, made version and delivered by the feet, somewhat promptly, as the cord was very feebly pulsating. The placenta became detached, and showed at the vulva as the shoulders were emerging. There had been no prolapse of the cord, and its attachment was at its usual site,—the centre of the placenta.

The uterus was followed down by external compression; clots were removed from the uterus with the hand; ice applied internally and externally, the cold douche, compression of the abdominal aorta, were all ineffectual. The hemorrhage continued. The woman's condition was becoming a critical one. With pale and pinched features, colorless lips, and a scarcely perceptible pulse, she was restless, tossed her arms about, said that there were noises in her ears, and that things were dark to her. A little more blood lost, and death would have resulted. Now, however, wrapping a piece of cloth around my finger and saturating it with Monsel's solution, I introduced it into the uterus, and swabbed the area of placental attachment. The uterus contracted, the bleeding ceased, and the woman's life was saved. The child, too, was living, though feeble, and of a livid pallor. It died at the end of four hours.

Under the use of stimulants, with a nutritious diet, and the employment of quin. sulph., gr. xii, and morph. sulph., gr. ss daily, the woman slowly improved. On the fourteenth day she ventured to steal out of bed, and had a severe rigor, followed by intense fever, with induration and pain in the left iliac region. On the twenty-first day, another rigor. The temperature ran up to 105° Fahr., but gradually fell under the quinia and morphia, with the employment of the tinct. digitalis and the tinct. ferri chlor. During the fifth week she was allowed to sit up, and from that time rapidly improved, so that on May 1 the recovery was complete. The delivery occurred on the 15th of February, 1874.

\* Dublin Journ. Med. Sci., Oct. 1871, p. 322.

† Monatsschrift für Ohrenheilkunde, Jahrgang ii. p. 51.

The etiology of placenta prævia is undetermined, though it has been noticed that in multiparous women with leucorrhœa—*i.e.*, in those in whom there is increased width of uterine cavity and increased smoothness of uterine mucous surface—the complication is most frequent (Schroeder). Mrs. O'D. had been suffering with leucorrhœa, and was of course a multipara. Leishman tells us also that the trouble is apt to recur.

The leap from the window preceding the hemorrhage, and the subsequent discovery of the placenta in its abnormal position, would have served as a strong fact to have fixed in the minds of those obstetricians who lived prior to the time of Portal (1785) the belief that its unusual position was due simply to the detachment of the placenta from its ordinary site at the fundus, and its gravitation to the more dependent position over the uterine orifice.

The diagnosis is always, perhaps, sufficiently easy. It will be noticed that what was here at first complete became of its own accord, as the os dilated, partial placenta prævia.

The frequency of this trouble, according to Boivin, is 1 in 2554; Clark, 1 in 2596; Collins, 1 in 1492.\*

The prognosis of this, "one of the most dangerous accidents incident to a parturient woman," depends in individual cases pre-eminently upon the treatment, whether prompt and judicious. And in the statistics of different series of cases, the proportional mortality, of the mothers at least, seems to vary somewhat widely with the plan of treatment instituted.

From rupture of the membranes, the tampon, and turning,—the preferred treatment with the mass of obstetrical authorities,—the maternal mortality has been given by Simpson at 27.48 per cent.; by Trask, 27 per cent.; by Lee, 33 per cent. So that in placenta prævia, under the ordinary treatment, about one-third of the mothers die.

Schroeder, in his late authoritative work, recommended that for the hemorrhage coming on prior to labor absolute rest in the dorsal position should be enjoined, and that if bleeding persists, the tampon must be resorted to, remembering, however, that this remedy may superinduce labor. "The treatment during labor," he says, "is very simple. 1, a tampon to the vagina until the cervix is so dilated that the foot can pass through it; 2, one foot is brought down by the combined manipulation, and gradually the foot is more strongly drawn upon." If the attempt at version does not succeed, he does not, with the view of increasing uterine contractions and causing the head to be pressed against the bleeding orifices and thus to aid in checking the hemorrhage, rupture the membranes immediately; "for," he says, "the uterus is not always thus aroused; and if the os is not dilated or sufficiently dilatable to admit of delivery, it would become necessary to resort to the tampon, and under such conditions there would be considerable risk of a concealed hemorrhage. So that version failing

when the os is the size of the two fingers, he continues with the tampon without rupturing the membranes, until the head is being pressed sufficiently firmly against the os to stop the hemorrhage, or the os is sufficiently dilated to admit the passage of the hand and the turning of the child. If the foot has been drawn through a narrow os the leg will serve as a tampon, and, as the os gradually dilates, the child should be gradually drawn through. If, however, the os admits of rapid delivery, and the child is living, but *very feeble*, he permits the resort to rapid delivery, but not to the extent of too much endangering the life of the mother. On page 312 he says, "When the os is sufficiently dilated so that the head can enter it, it may be extracted, if necessary, by means of the forceps. The *accouchement forcé*," he says, "always avoid." Schroeder does not give the results of treatment in his hands. Such, however, with slight modification, is the teaching in the main of most authorities, and the great majority of practitioners would give it as the line of their practice.

Some twenty years ago, Simpson, noticing with others that hemorrhage almost always ceased when the placenta was delivered spontaneously before the birth of the child, and that the woman almost always recovered, advocated, in cases of hemorrhage, the artificial detachment and delivery of the placenta, letting the child remain until the ordinary process of labor should deliver it. He collected accounts of one hundred and forty cases, including both those of artificial extraction and natural expulsion, in which there were only ten deaths, or a maternal mortality of 7.14 per cent., certainly presenting, though the statistics are somewhat faulty, a much diminished risk to the mother. His views, however, chiefly because of the almost certain death of the child, and because the bleeding did not stop as certainly after artificial as after spontaneous delivery of the placenta, were subsequently modified so that he advocated the treatment only in exceptional cases. Cazeaux says that only "in case of death or non-viability of the child should the placenta be extracted." Such is also the teaching of Schroeder, and perhaps of all authorities of to-day.

Simpson thought that the bleeding came from the detached portion of the placenta, and his object in separating the placenta entirely was to prevent the blood getting into it and then getting out of it. No one entertains this view now, for it has been well established that the hemorrhage comes from patulous vascular orifices in the uterus itself; and whether the placenta is separated in part or throughout its entire extent, bleeding will occur unless these orifices are closed; and this is accomplished almost solely through the contraction of the muscular tissue of the uterus. The placenta must become separated sufficiently to admit of dilatation of the os, and it is not detached beyond this until the engagement of the head. For a number of years Dr. Barnes has advocated the separation, by means of the finger, of the placenta from what he calls the "official zone,"—*i.e.*, from an area of the uterus equal to the area of the os when dilated to the extent necessary to permit the passage of the

\* Hodge, p. 479.

child. He claims that by this means the os is allowed to dilate more rapidly, that the contractions are more complete, and that thus the uterine orifices are more effectually closed and the hemorrhage obviated. He says that unless the hand is passed into the uterus there is no danger of detaching the entire placenta; for the finger can sweep over a surface of a diameter of only six inches, whereas the surface of placental attachment has a diameter of nine or ten inches. Moreover, the diameter of an os through which a child can pass is just about six inches.

For hemorrhage coming on before labor, he considers rupture of the membranes the "most generally efficacious remedy." If bleeding continues, he introduces a tampon, preferring laminaria tents, passed into the os. He removes the tampon every hour, in order the better to watch the progress of the case, for occult hemorrhage might occur. Usually the labor will thus go on satisfactorily; but the bleeding may continue, the os may not dilate, and there may be no active labor. Now he dissects the placenta from the "official zone," and "often the hemorrhage ceases" and the os retracts. At the same time he encourages uterine contractions by means of the binder, of ergot, and of stimulants. If the uterus contracts, labor will go on safely. If the uterus is inactive, he introduces one of his dilators, so that between the binder and the bag the bleeding is held in check. If hemorrhage should still continue, or if the position of the child is other than that of the head, one of the feet must be brought down by the bipolar method as soon as the os permits it. It is not unusual for the position of the child to be an abnormal one.

Of sixty-nine cases thus treated in his hands, the maternal mortality was one in eleven and a half; certainly much better than one in three or four.

This treatment is recommended by Tanner and by Leishman, but is not referred to by Schroeder, nor in the older works of Cazeaux, Ramsbotham, Hodge, etc. The physiological considerations upon which it is based, with the favorable results obtained by Dr. Barnes, render the remedy well worthy of our adoption in suitable cases.

Under whatever treatment, the infant mortality is between sixty and seventy per cent. The child dies usually of asphyxia, the mother usually of loss of blood, either from its immediate or its remote effects.

We have not referred to any difference in the treatment of partial and of complete placenta prævia, and perhaps a distinct difference could not well be drawn, although from rupture of the membranes in the partial form we are most apt to obtain satisfactory results.

In the case we have reported, the want of success in the ready application of the forceps illustrates the advantages of version, unless the head is held firmly in the pelvic canal by uterine contractions.

The failure of all the ordinary methods in use for checking post-partum hemorrhage, the persistency of the hemorrhage, and the threatened death of the woman, with the speedy, gratifying effect of the ferruginous styptic, would seem to show unmistakably that the woman's life was saved by the local use

of the iron,—a remedy highly advocated, especially by Dr. Barnes; strenuously opposed, especially by Dr. Snow-Beck.

The manner in which we used it is recommended by Leishman in the post-partum hemorrhage from placenta prævia, and would be indicated whether the bleeding was due to paralysis of the cervical segment or to a tearing of the tissue of the cervix.

#### TREATMENT OF VENEREAL BUBOES.

BY H. E. WOODBURY, M.D.

IN the *Medical Times* of September 19 I find under this heading a translation of Sauszinski's method of treatment. A brief statement of the plan I have pursued since 1864 may prove of interest to the profession.

In that year I was connected with Armory Square General Hospital, Washington, D.C. A soldier came to me with a large bubo, and informed me that some of the medical officers had been for weeks treating it, but that it was larger, harder, and more painful than before. I directed him to apply hot flaxseed-meal poultices, changing them frequently. This he did faithfully, and on the evening of the second day I operated as follows:

A sharp-pointed bistoury was passed through the tumor longitudinally; that is to say, the knife was entered at a point of the gland nearest to the ilium, and carried entirely through it in the direction of the pubis. When the knife was withdrawn, from the two small openings issued a little blood mixed with pus. With a small rubber syringe, I then injected a drachm or two of tincture of iodine, diluted (one part to four of water). This, being forced into one of the openings, flowed out freely from the other. Rest for a few days was enjoined, and the only dressing used was lint, saturated with a weak solution of potass. permanganat., a roller being applied as a compress over the lint, and as much pressure being made by means of a bandage as the patient could comfortably bear. There was but little suppuration, and no sloughing. In a short time it was evident that adhesion of the integument to the deeper tissues had taken place, and a cure was soon effected. Iodide of potassium was given (in ten-grain doses) during the treatment. The only traces of the bubo that remained were a slight induration of the part, and two small cicatrices at the points of entrance and exit of the knife.

The unsightly scar that follows the old method of treatment,—free incision,—and the slow process of repair attendant thereon, render the method herein proposed more acceptable to the patient and more satisfactory to the surgeon. I never make free incisions in these cases.

In some cases that have occurred in my practice I have succeeded in avoiding the use of the knife, as follows:

The patient is confined to his bed; a half-brick, covered with flannel,—a single thickness,—is laid upon the bubo. A lump of ice is kept upon the brick, and as it melts the flannel is saturated with ice-water. I have seen a large bubo disappear in



twenty-four hours under this treatment by cold and pressure; a combination of iodine and iodide of potassium in syr. sarsap. being administered internally. If this course be resorted to at the proper time, we believe that the necessity for surgical interference would often be avoided. Of one fact we are fully convinced by experience,—if the knife be used, the smaller the incision, the better and more rapid the cure.

WASHINGTON, D.C., September 23, 1874.

## CHOREA IN THE NEGRO.

BY CHARLES G. POLK, M.D.,

Philadelphia.

IN reply to the query of Dr. S. Weir Mitchell, I will state that in the spring of 1860 I treated a mulatto in South Milford, Delaware, suffering from chorea. The man was a ship-carpenter by trade, large, strong, and otherwise healthy, and about 30 years of age. In the pure negro I have never seen a single case, although during our civil war I had, temporarily, six colored regiments under my charge; and, in addition to my duties as post-surgeon at Gainesville, Florida, 1865, I performed the duties of Freedman's Bureau Surgeon, and had for six months a large field of observation. The rarity of the disease had attracted my attention, and I tried to find a case in Charleston, South Carolina, without success. In 1867, while post-surgeon at Greensboro', North Carolina, I did nearly all the work of the unfortunate bureau surgeon; saw much of negro practice, and did not witness a case even in one of the mixed race. I am consequently led to believe that if it ever happens in the negro, the occurrence is extremely rare.

## TRANSLATIONS.

TRANSFUSION OF LAMB'S BLOOD.—Drs. Fiedler and Birch-Hirschfeld, in Dresden (*Deutsches Archiv für Klinische Medizin*) have been investigating the question of the utility of lamb's blood for transfusion, and have performed the operation in a series of six cases in the hospital, where their progress could be carefully observed and registered by experienced observers. In addition to these, of which full details are given, the operation was performed eight times in Dresden by other physicians. The conclusions drawn from these cases are far from being as favorable as those reported by Gesellius\* and Hasse,† who have lately revived the much-vexed question of a century ago, concerning the adaptability of the blood of animals for transfusion.

The six cases reported were suffering from chronic (tubercular) pneumonia, in different stages of the disease. When the operation was performed, the blood was led, from a tube connected with the carotid artery of a yearling lamb (which had half an hour previously received two grammes of chloral hydrate, hypodermically), into a vein in the patient's fore-arm. Soon after the commencement of transfusion the patient generally experienced a sense of warmth and fulness in the

face, followed by severe abdominal and lumbar pains, nausea, dyspnoea, with an increasing sense of oppression, jactation, hyperæmia, with injection of the conjunctiva, passing into symptoms of collapse; the pulse, which at first was strengthened, gradually became thread-like, the extremities cold, and the face cyanotic. The transfusion was generally continued until the complaints of the patient and his general appearance forbade further interference, which was at the expiration of from eighty to two hundred and thirty-six seconds, in the cases reported, and after fifty to one hundred and fifty grammes of blood had been transfused.

In each case there was a marked elevation of the temperature, which attained its maximum ( $39^{\circ}$  to  $41.2^{\circ}$  C.) in from one and a half to five hours after the operation, and was not proportional with the amount of blood transfused. In from sixteen to twenty-four hours the temperature fell to the usual range it occupied before the operation, before resuming which, however, in some of the cases, there was a more or less rapid temperature-collapse, the thermometer showing a difference between the maximum and minimum temperature of from  $3^{\circ}$  to  $5.8^{\circ}$  C.

In all of the cases the operation was shortly followed by a severe chill and a profuse sweating. Icterus appeared, in one case, the day succeeding the transfusion, which was attributed to staining by hæmatin liberated by solution of the old or new blood-corpuscles. In one case there was an eruption of herpes labialis on the second day, and in three urticaria appeared on the fifth to the seventh day, lasting from forty-four to forty-eight hours. This was thought to be due to an irritation of the vaso-motor nerves; to which was also attributed the paralysis of the small vessels shown by the hyperæmia at the time of the operation. The pains were attributed to irritation of the cord or its membranes by the animal arterial blood, and were thought to be produced in a similar manner to those which accompany small-pox.

The operation was performed in each case at the desire of the patients, who, inspired by the thought that they had new blood in their veins, reported themselves much better the day after the operation; but the improvement was imaginary, and they soon were convinced that they had gained nothing. *The disease in the lung, as proved by physical examination, progressed steadily without interruption.* The appetite, weight, etc., were unimproved by the transfusion. In three cases it was succeeded by temporary hæmaturia, in one of which subsequent post-mortem section showed fatty degeneration of the kidney, of which there had been no symptoms prior to the transfusion. In a case of post-partum hemorrhage where it was resorted to, the patient showed at the autopsy a capillary hemorrhage into both pleural cavities, which was evidently caused by the transfusion, as there was no evidence of previous pleuritis. Two cases are on record where death occurred during the operation.

A case is reported where the transfusion of lamb's blood was resorted to in a case of anæmia produced by obstinate hæmatemesis. The usual physical disturbances occurred during the operation, from which, apparently, no relief was obtained, but the case appeared to be steadily progressing towards a fatal termination; when an unexpected change took place, and the patient (a girl of 22 years) rapidly and steadily recovered. This result cannot be credited to the transfusion, only in so far as it may have put off a fatal result until the change occurred, which was as unaccountable as it was unlooked for.

In a discussion before the Dresden Association, the physicians declared that they had been unable to prove any benefit whatever in tuberculous cases from transfusion with lamb's blood; indeed, in many of the cases

\* Transfusion of Blood. Petersburg, 1873.

† Transfusion of Lamb's Blood into the Human Species. Petersburg, 1874.

the condition was much worse subsequent to the operation.

Nor do they regard it as productive of any possible good in cases of pyæmia or septicæmia. Drs. Fiedler and Birch-Hirschfeld do not regard the question of the utility of lamb's-blood transfusion as being settled conclusively, but as offering a fruitful field for future investigation. In the mean time, they express dissent from the opinion of Gesellius, that "lamb's-blood transfusion will inaugurate in medicine a new era,—the era of blood-giving,"—and think that from the present aspect of the question it will be much more likely to attain the title of "Ephemera" in medical history.

F. W.

**ACTION PRODUCED UPON THE SKIN BY VARIOUS TRAUMATISMS.**—Dr. Bloch publishes, in the *Archives de Physiologie*, January and March, a communication on this subject, giving the details of various experiments, and his conclusions therefrom, which are as follows:

1. Traumatism by pressure, frictions, percussion, feeble or violent, even followed by ecchymosis or hemorrhage, produce capillary congestion almost immediately.

2. The application of heated bodies has the same results.

The effects are different according to the sensibility of the integument; and at the same temperature gases produce the least impression, liquids the most.

Liquids themselves do not all burn at the same temperature.

Pure water seems to burn at the lowest temperature, the fats at the most elevated.

Greater or less facility of imbibition on the part of the epidermis is the principal cause of these differences.

3. The application of cold, whether it be brief or prolonged, whether the cold be moderate or violent, brings about dilatation of the smaller vessels and capillary congestion almost immediately.

4. The arrest of the entire circulation, or only of the venous, has, after it has ceased, the same result. It is, besides, a means of lowering the temperature, so far as the parts below the ligature are concerned, even if this only interrupts the venous circulation. The temperature of these parts rises, on the contrary, when the circulation has been re-established.

A. V. H.

**FEVER AFTER TRANSFUSION.**—Paul Liebrecht (*Centralblatt f. d. Med. Wissenschaften*, 1874, No. 37) has repeated the experiments of Profs. Albert and Stricker with regard to the influence of transfusion on the temperature of dogs. Direct transfusion from the femoral artery into the femoral vein of the same animal was performed, and the temperature measured in the rectum, the dog not being fastened for the performance of the experiments. In five of the cases there was no fever, but in the remaining four the temperature rose from one to two degrees. Two of these animals had been twice already the subjects of similar experiments without having had any fever. Simple ligature of the great vessels occasioned no fever, but after transfusion the temperature rose. Transfusion from the artery into the vein of the same animal can occasion fever. Liebrecht thinks that the phenomenon can be explained by increased pressure in the cava and a consequent congestion of the portal system.

W. A.

**CURE OF SALIVARY FISTULA.**—Dr. Prompt submitted to the examination of the Académie de Médecine, at a recent sitting, a child twelve years of age, on whom he had recently operated for salivary fistula with success. The history of the case was as follows. The patient, while descending a staircase, holding in the hand a vase de nuit, had fallen, and one or more fragments of

the vessel which had been shattered penetrated the cheek, causing a vertical wound, the superior extremity of which corresponded to the cartilages of the tragus, while the inferior limit was on a level with the median lines of the jaw.

Three days subsequent to the accident, saliva was observed escaping from the wound at a point corresponding to the course of the duct of Steno. Somewhat later, two other salivary fistulæ were found, but while these latter closed spontaneously, the original one remained patulous. Under these circumstances Dr. P. performed, three weeks subsequent to the date of the accident, an operation, by means of a fine trocar introduced within the buccal cavity, and the new canal thus formed was kept open by tents until it became permanent. The fistulous opening was then closed by sutures, and a complete cure effected.—*L'Abeille Médicale*, September 7, 1874.

A. V. H.

**STERILITY IN THE MALE RELIEVED BY THE OPERATION FOR CONGENITAL PHIMOSIS.**—Dr. Paul Labarthe relates, in *L'Abeille Médicale*, August 31, a case coming under his notice of a young and apparently healthy married couple whose union, after a period of several years, remained unfruitful.

Examination of the wife showed no obstacle to conception, and at length the husband sought advice from Dr. L. as to whether the difficulty lay with him rather than with the lady.

Investigation of the genitals showed congenital phimosis, the preputial orifice being narrowed to such a degree that on the patient attempting to make water the entire cavity became filled and swollen with urine, which only escaped drop by drop from the almost pin-hole aperture of exit.

Dr. Labarthe proceeded to perform the operation for phimosis, which resulted favorably. The patient subsequently informed his physician that the semen, which in coition formerly had only escaped drop by drop, was now ejected in a normal manner. Shortly after, his wife became enceinte.

A. V. H.

**RECENT RESEARCHES ON RECURRENT SENSIBILITY** (*Gazette Hebdomadaire*, September 4).—MM. Arloing and Tripièr publish the results of a number of experiments on resections of nerves recently performed by themselves. The object of these researches was to reproduce and interpret various known facts in relation to persistence of sensibility in the integument of the human hand after section of the median, radial, and cubital nerves. The existence of recurrent sensibility in the cutaneous nerves had already been demonstrated, as well as the fact that the influence of the sensory nerves extends beyond the zone of their distribution; and, finally, that persistence of sensibility in the peripheral portion of the divided nerve and persistence of sensation in the corresponding skin are connected phenomena, neither of which exists without the other. The experiments made by MM. Arloing and Tripièr were not confined to the nerves of the upper extremity; those of the lower members were also examined, as well as the nerves of the face. It was found that where section was made at a point near the periphery, the various anastomosing branches above the point operated upon continued the sensibility of the part, while at a point much nearer the nerve-centres the anastomosis was wanting and recurrent sensibility was not observed. It would follow from this that in neuralgia the nearer the point of action of the morbid agent is to the periphery, the more widely spread would the painful sensation be, while the more closely such point of action approaches the nerve-centres, the less intense (other things being equal) will be the intensity and diffusion of the same sensation.



As regards indications for operative proceeding, the following points are suggested:

1. For motor nerves, or those supposed to be such, not only should the nerves in question be divided, but also the neighboring sensitive branches which surround them with recurrent nervous fibres.

2. For sensory-motor or sensory nerves it should particularly be sought to establish whether the trunks only, or also the branches, convey the morbid influence. In the former case, simple neurotomy would suffice to interrupt the transmission of such impressions; while in the latter case, recourse should constantly be had to associate sections, but in such a way as to interrupt the different paths of transmission, without producing any more disturbance (wounds) than is inseparable from the operation.

A. V. H.

#### TERTIARY SYPHILITIC AFFECTIONS OF THE TONGUE.

—Dr. M. Fournier, in a clinical lecture published in the *Gaz. Hebdom.*, September 11, remarks that the tongue, though less frequently attacked by tertiary syphilis than the pharynx or the velum palati, is yet often enough involved to give the study of these affections considerable interest. The study of these forms of syphilis has been retarded in the past from the fact that they have all been included under a single morbid type. This view of their nature is, however, incorrect, since the various lesions of the tongue are quite different, and correspond exactly to the cutaneous alterations of the same period. They may be divided into two classes,—one the non-ulcerative, including gummous nodules, the other, those which go on to rapid ulceration.

1. *Ulcerative syphilides of the tongue.*—Like the ulcerations of ecthyma, these are deep; having, also, raised borders, a yellowish-gray base, sometimes regularly rounded, as when seated upon the dorsum of the tongue, at other times irregular in outline, as found upon the edges or point. They are surrounded by a red areola, around the border of which the thickened mucous membrane presents a decided feeling of resistance. This lesion may be solitary, or the ulcers may be multiple, and grouped in a crescentic form; they are usually about the size of a lentil or haricot. In spite of their small size, they are frequently painful; less so in themselves than on account of the irritative contact of food, etc. It is hardly necessary to say that their evolution is chronic.

2. *Non-ulcerative, gummous syphilides.*—This variety consists in a dry induration of the lingual derm. It is the form designated by M. Ricord under the name of *plastic glossitis*. Clinically, these nodosities are characterized by their elevation, though slight, above the surface; they are less distinguishable by this feature, however, than by modifications presented by the mucous membrane in their neighborhood. This is unusually red, smooth, level, and without villousities, often looking as if the papillæ had disappeared. The nodosities are also quite appreciable to the touch from the feeling of resistance which they transmit to the finger, showing the mucous membrane to be thickened and dense,—in a word, infiltrated by a resistant neoplasm. One or more points may be affected, and the shape of the plaques may be either rounded or irregular. Occasionally the disease takes the form of a diffuse induration, affecting a considerable portion of the tongue.

3. *Gummata of the tongue.*—Gummata of the tongue may be divided, like those of the skin, into two classes, according to the locality in which they occur, whether in the mucous or submucous tissues. Again, like those of the skin, gummata of the tongue form tumors which, at first solid and non-inflammatory, become softened at a later period, break, and yield a discharge, assuming the appearance of open ulcers.

It is a curious fact that gummata of the tongue show

a marked predilection for the dorsum of that organ, usually occurring on the median line, more rarely upon the edges, and hardly ever upon the inferior surface.

Like the other syphilides above mentioned, gummata may occur either singly or to the number of three or four, which they seldom exceed, excepting when they take the rarely-found confluent form.

In appearance, gummata of the tongue present the aspect of shot or small almond-kernels beneath the surface; occasionally they are larger. When small, the form of the organ is not altered; but when the gummata are large or confluent, much deformity may exist. As the evolution of the tumor proceeds, it approaches the superior surface of the tongue, and begins to soften. At length it breaks, and, according to the account given by patients (for this phenomenon is never observed by the physician), gives exit to a yellow, purulent liquid, sometimes grumous and streaked with blood.

The physiognomy of the ulcerated gumma of the tongue is not pathognomonic, or at least not sufficiently so to aid much in the diagnosis. Its chief features are deep ulceration with excavation of the edges, hard, thick areola, and a cartilaginous base.

Under proper treatment this form of ulcer is rapidly healed, and leaves very little cicatrix, the mucous membranes, as is known, becoming renewed more easily than the skin. Prof. Fournier's favorite remedy in this class of cases is mercury in one of its various forms.

A. V. H.

#### THERAPEUTIC NOTES.

**BROMIDE OF POTASSIUM IN THE TREATMENT OF MALIGNANT ULCERATING TUMORS.**—M. Peyraud recommends the use of solutions of bromide of potassium, to be applied to malignant ulcers in the form of spray.

He maintains that it acts as a sedative upon the nerves, thus relieving pain, while at the same time it exerts a contracting effect upon the capillaries and a slight but beneficial caustic action on the general surface of the wound.

**CATHARTIC ELECTUARY FOR USE IN THE LATER PERIOD OF DISEASES OF THE HEART.**—

R Pulv. sennæ;  
Pulv. jalapæ;  
Pulv. scammonii;  
Pulv. gambogię;  
Mel. despumat.—M.

Sig.—Two to three tablespoonfuls every morning.

This formula is suggested by M. Peter in the later period of heart-disease, where there are multiplied visceral congestions, and where diuretics and drastics are indicated.

**SULPHUROUS ACID AS A DRESSING FOR RECENT WOUNDS.**—The following formula was used with great satisfaction in various parts of France during the late war:

R Acidi sulphurosi, f3ss;  
Aquæ, Oi.—M.

Apply in the form of lotion, or by means of an irrigator. This solution is particularly useful in wounds where there is much suppuration, or where cicatrization takes place slowly.

**INTERSTITIAL INJECTIONS OF ACETIC ACID IN MUCOUS POLYPI OF THE PALATE.**—A few drops of the ordinary acid are to be introduced daily into the tumor, by the aid of a hypodermic syringe. The pain is intense for a few moments, but soon subsides, and one or two weeks usually suffice for cure.—*Dr. Méplain, Trib. Médicale*, No. 307, 1874.

# PHILADELPHIA MEDICAL TIMES.

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MEDICAL AND SURGICAL SCIENCE.

*The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.*

*We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.*

*All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.*

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## EDITORIAL.

### MEDICAL EDUCATION.

IF there is one thing more than another upon which the editorial wisdom of the *Philadelphia Medical Times* has come to a fixed conclusion, it is the worthlessness of the American system of medical education. If there is any one editorial purpose more definitely settled than another, it is that whatever of influence this journal may possess shall be used to aid in effecting a radical change in that system. Tersely, the method may be said to be a pitting of one college against the other in a race for students,—a race whose success often depends not so much upon the ability of the faculty to teach, and the opportunities afforded for study, as upon the ease with which the coveted M.D. is granted. The average American bows at the shrine of “getting on,” and to get on means to get money. Very often the medical student is poor, so that he is doubly spurred by his inborn genius for getting on and by the necessities of the case; he *must* have his diploma as soon as possible. Once the coveted parchment in his possession, he will trust to his wits and industry. And, to give him credit, his “wits” rarely fail him, for we honestly believe the great gift of Providence to this nation, or, to speak in the terms of the popular science of the day, the great product which the circumstances of races, life, and climate have evolved on this continent, is “wits.”

The professors’ emoluments depending upon the number of students, and the professor having the sole right of fixing the standard of attainment

necessary for graduation, the result must inevitably be a gradual cheapening of the bait. Medical education is in a bad enough state in the East, but in the West its condition seems to be worse. We hope we shall not offend the delicate sensibilities of any of our Western editorial brethren in saying this. It certainly cannot truthfully be denied that the colleges in that section have been underbidding one another in the matter of lecture-fees, until only forty, twenty-five, or even twenty dollars, instead of one hundred and forty dollars, are asked for a whole winter’s course.

When professors or faculties, for the sake of outstripping their competitors, strip themselves of that which is so dear to every man, a proper recompense for work, it is easy to perceive what will be the decision of questions concerning the requirements for graduation: the major, the good of self, usually embraces the minor, the good of others.

We are loath to believe that matters are so bad anywhere as is represented in the extract which we append to the present editorial; yet it is from the pen of one whose wounded honor has asserted that personal indignities alone can repay the insult offered to the West by the editor of this paper in stating that the Eastern medical centres contain more prominent men than the Western,—a fact which, we may state *en passant*, is due not to any intellectual difference between the men of the two regions, but simply to the same cause that occasions more corn to grow in crooked than in straight rows.

A gentleman so zealous for the honor of his section as is the author of the following extract surely cannot in any wise have exaggerated the imperfections that may exist in the institutions of his State. Yet what he says (*American Medical Weekly*, Sept. 29, 1874) is said of Louisville, the famous and ancient centre of medical teaching in the West,—a centre whose history is illumined by some of the most distinguished of American professional names:

“It were well that medical classes could assemble, and be taught, and be sent again to their longed-for homes without any other exhibition than that of harmony, without any other manifestations before them than those of dignity and self-respect. But this great desideratum, so much hoped for, so much sought, has not yet been attained. Sad is it to state what a regard for the truth compels the candid writer to declare: no sooner do the classes assemble than there begins that unworthy struggle for numerical success which at once characterizes, while it degrades, almost every city wherein medical students are congregated. Men calling themselves teachers discreditably struggle to swell the number of students in their respective colleges. In all cities it is censurable; in some, it is disgraceful in

the extreme. Each critic must write as he can truthfully write. In this city, the struggle mentioned is demoralizing and utterly disgraceful. No sooner does twilight mantle the streets in obscurity than men calling themselves teachers and gentlemen are seen coming out like shameless prostitutes and foul birds of the night seeking their prey. They may be seen in all the private boarding-houses and in the hotels of the city. Aliens to self-respect and decency, lost to all sense of shame, they have but one object: by deceptions and falsehoods, by unblushing effrontery and cowardly devices, to lure young men seeking this city for a medical education to their colleges."

What a pride we ought to feel in our most noble profession! What an inborn tenacity of honor it must have,—what an immensity of intrinsic respectability and high estate,—that, recruited by such means, entered through such portals, it can still magnify itself in the eyes of men!

#### DEATH OF DR. ANSTIE.

IN our last issue the death of Dr. F. E. Anstie, of London, was announced, but the cause of his death was mis-stated, owing to the incorrectness of the first statements of the London medical press. It appears that the doctor died of blood-poisoning, due to a dissecting-wound. Dr. Anstie pricked his finger with a needle whilst making an examination on Sunday, September 16, at Wandsworth, of the body of a child who had fallen a victim to the malignant epidemic in the investigation of the causes of which he had spent the morning, greatly exposed to sewer-gases. The wound was at once washed and sucked, but on Wednesday the doctor commenced to feel ill, and complained of pain in the right arm-pit. Chilly feelings later in the day became very prominent, and the pain and soreness of the arm increased very greatly. Thursday the patient was confined to his bed, and Mr. Brudenell Carter found him with a dry tongue, a dry, hot skin, and complaining of distressing headache and of much pain over the right pectoral region. During the day the symptoms increased in intensity. After a restless night the patient was still worse on Friday, and the assistance of Dr. George Johnson was obtained, who has since furnished the London *Lancet* with the following statement:

"I first saw Dr. Anstie with Mr. Brudenell Carter at 3 P.M. on Friday, the 11th inst. He was then delirious and quite unable to give a history of his illness. The tongue was dry; the temperature 105°; there was an erysipelatous blush about the size of the palm of the hand over the right pectoral muscle; there was excessive tenderness on pressure in the right axilla, and over

the front of the chest on the right side; the slightest movement of the arm elicited a cry of pain; there was no appearance of inflammation about the wound on the hand or up the arm. At half-past nine in the evening I again saw the patient, in consultation with Dr. Burdon Sanderson and Mr. Carter. His condition remained unchanged. At half-past nine on Saturday morning I again met Mr. Carter. We found the breathing was very rapid; there was a distinct friction-sound over the middle and lower lobe of the right lung, and dulness on percussion over the same space; the erysipelatous redness and the tenderness on pressure remained the same. The urine was highly albuminous, and contained numerous epithelial casts. About the middle of the day symptoms of a blood-clot at the right side of the heart came on; the features were livid; the breathing rapid and shallow; consciousness was rapidly lost, and death occurred at half-past 2 P.M."

No post-mortem was made.

Dr. Anstie was born in December, 1833, and was, consequently, not quite forty-one years old at the time of his death. He was just reaching that pecuniary success which follows in most cases what may be termed professional success. It is stated that some years since a very determined effort was made to induce his acceptance of a professorship in New York city.

ERRATUM.—By some unaccountable mistake, the production of the paper on carbolic acid, in a recent issue, was credited to Dr. W. H. Winslow, Baltimore. We do not know that there is a physician of that name in that city: certainly the paper was written by Dr. W. H. Winslow of this city.

#### CORRESPONDENCE.

##### ON THE USE OF BELLADONNA AND OF CHLORAL AND BROMIDE OF POTASSIUM IN ASTHMA.

Boston, September 26, 1874.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—Dr. Wood's experience as to the superior efficacy of belladonna as a remedy in spasmodic asthma, communicated to your valuable journal of the 19th inst., is quite in accordance with my own. May I take the liberty of adding that I find the most prompt and effectual way of administering it is inhalation by means of an atomizer? I was induced to try this method, some years since, in the case of Dr. Derby, the late lamented Secretary of the Board of Health of this State. When he consulted me he had been suffering for six weeks from attacks of spasmodic asthma, which compelled him to rise at about one o'clock A.M. and pass the rest of the night without sleep, by his furnace fire, smoking cigars. He had lost much flesh,



and was a good deal exhausted by the want of sleep. After trying various remedies without much relief, I suggested to him to inhale a mixture of a drachm of fluid extract of belladonna to an ounce of water, by means of an atomizer, as soon as the next attack began. I recommended the extract in preference to the tincture, as it is much stronger and appears to be more reliable. Dr. Derby, however, employed the tincture, and the very first experiment was a complete success. When he retired at night he placed his atomizer, with the belladonna-mixture, by his bedside, in readiness for the emergency. At one o'clock the paroxysm came, and he immediately had recourse to the atomizer. In fifteen minutes he was entirely relieved, and fell asleep, to awake again at six o'clock, with a light return of the asthma. A second inhalation relieved him in five minutes, and he fell asleep again. The next day I found him much refreshed and jubilant, feeling that the spell was broken. He had no recurrence of the asthma after that time, but felt that he had a certain remedy, should it ever return, in the belladonna-inhalation.

I ought to say that Dr. Derby had for many years been asthmatic, being one of the excessively susceptible class in whom a paroxysm is induced by the proximity of a cat or a dog, or even of a horse. During the late war, in which he served with great distinction, he told me that he could not inhale the breath of his horse, or handle him in any way, without oppressed breathing.

It seems to me that the inhalation of belladonna has a decided advantage over its administration by the mouth, in that it acts directly upon the affected parts at the same time that it enters the circulation more promptly through the mucous membrane of the lungs. Again, its use can be exactly guided by its effects. The inhalation can be stopped at once on the occurrence of any of the uncomfortable physiological symptoms which it is liable to cause; in other words, the dose can be limited to precisely the quantity needed to produce the desired effect.

At the time when Dr. Derby first employed it, examination of his chest showed universal strong resonance on percussion, very feeble respiratory sound, and very abundant fine sibilant râles,—a pure case of spasmodic asthma.

With regard to the use of chloral and bromide of potassium together as a sedative in these and other cases of chest-affection, I would say that I have repeatedly used this combination, and I dare say it has occurred to many others to employ it. During the present autumn, some of my patients who are victims of "autumnal catarrh" have found great comfort from it. The addition of a little morphia adds to its efficacy, and in one instance at least, that of a lady who is very susceptible to the disagreeable after-effects which opiates so often produce, the chloral and bromide seem to prevent their occurrence entirely.

Very respectfully,

Your obedient servant,

S. L. ABBOT, M.D.

## PROCEEDINGS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, SEPT. 10, 1874.

THE PRESIDENT, DR. WM. PEPPER, in the chair.

THE Chairman of the Committee on Morbid Growths, Dr. R. M. BERTOLET, read the following reports:

"1. *Report on the button-like prominence upon the inner wall of the cavity, presented by Dr. Pepper, June 25, 1874.*—This has been hardened and sections made. The central portion of the node is occupied by a firmly coagulated blood-clot, while the thick limiting membrane is made up of a layer of fibrinous connective tissue, succeeded by a stout layer of non-striated muscular fibres arranged in longitudinal and transverse rows; thus at once suggesting the middle and outer coats of an artery. No traces of the tunica intima are discernible, nor could any communication with the lumen of the blood-vessels beyond be satisfactorily established. Your committee are undecided whether to regard this prominence as an aneurismal dilatation, or as the stump of a larger artery formerly traversing the vomicae and now filled with an embolus. In either case it probably proved the source of the fatal hemorrhage.

"2. *Supra-renal capsules, presented by Dr. F. P. Henry, June 25.*—The microscopical examination of the enlarged supra-renal capsules accompanying Dr. F. P. Henry's specimens from a case of Addison's disease exhibits an excessive development of the stroma into fibrillated connective tissue, which is marked with small-cell infiltration. At numerous points large cheesy foci, composed of granular detritus, are seen in varying degrees of softening. No miliary tubercles were detected. There is almost complete destruction of the parenchymatous glandular structure; though towards the cortex long parallel cell-columns are found at great intervals.

"We have here to deal with that alteration of the supra-renal capsules most frequently observed in morbus Addisonii,—viz., *cheesy fibrinous metamorphosis* of these glands. It may be here remarked that this cheesy fibrinous degeneration is very liable to be associated with tubercles in these glands themselves, or else it is complicated with general tuberculosis. According to Klebs, this association of the two diseases occurs about in the proportion of two to one.

"3. *Cystic kidney, presented by Dr. Willard, June 25.*—The cystic kidney presented at the last meeting has been examined by your committee; the thick walls of the cysts are made up of a dense, fibrillated basement-membrane, and are lined upon the inner surface with flat polygonal epithelial cells. The surrounding uriniferous tubules are greatly displaced, often entirely obliterated, by the excessive proliferation of the interstitial connective tissue; their epithelial covering is seen in the various stages of fatty infiltration and disintegration, while their lumen is not unfrequently occupied by fibrinous cylinders; here and there, however, traces of a secreting parenchyma are visible.

"As to the soft, cheesy, white mass contained in the large cystic cavity of the cortical substance, it is found to be made up in greater part of fat- and pigment-granules, of epithelial detritus, colossal cholesterolin tablets, and amorphous granular matter; the latter, consisting of carbonate of lime and a colloid substance, yielding the albuminoid reactions. It contains no uric acid or other crystalline products of the urine."

*Patulous foramen ovale, and thickened and attached pericardium.*—Dr. WHARTON SINKLER presented the specimen, from Mrs. L., æt. 60, who was admitted to

the medical wards of the Episcopal Hospital, February 18, 1874. She was suffering from dyspnoea, anasarca, and showed a constant disposition to sleep. The circulation was sluggish, and a general venous turgescence existed. The urine contained albumen. The patient died July 28. At the autopsy the kidneys exhibited the characters of the contracted granular kidney. The lungs were healthy. The pericardium was firmly attached to the heart throughout, and was thickened. There was a communication between the auricles through a patulous foramen ovale. The opening was valvular, and it is not likely that during life there was any passage of blood from one auricle.

**Hypertrophy of the heart; pericarditis, with enormous thickening of the pericardium.**—Dr. SINKLER presented the specimen, from A. B., admitted to the Episcopal Hospital July 8, 1874. He complained of pain in the back and around the base of the chest. There was no tenderness over the liver, but the area of hepatic dullness was lessened. There were anorexia, nausea, and at times diarrhoea. The emaciation was extreme, but there was no dropsy. Patient acknowledged to having been a hard drinker of undiluted spirits. There was no cardiac murmur detected, and the heart's impulse did not appear to be increased. A diagnosis of cirrhosis of the liver was made. He gradually lost strength, and a few days before death the gastric derangement increased and there was some diarrhoea.

On August 26 he was confined to his bed, and complained of weakness. On the 28th he was delirious, stupid, and disposed to sleep. He refused all food except small quantities of punch. The symptoms increased in severity, and death supervened on September 4, the patient having been comatose for forty-eight hours previous.

The *post-mortem* was made five hours after death. The lungs were firmly attached to the walls of the thorax by old adhesions, and there were scattered tubercles throughout both. The kidneys were large, but appeared healthy. The heart was hypertrophied. The pericardium was attached to the lungs. Both layers of pericardium were greatly thickened, and presented the appearance of fatty degeneration. Binding these layers strongly together was a thick deposit resembling a partially organized clot, of a reddish color and of firm consistency. The thickness of the pericardium, including the deposit of new tissue, was five-eighths of an inch. The left ventricle was three-fourths of an inch, and the right one-half inch thick. The length of the heart was seven inches, and its greatest circumference ten and a half inches. The liver was somewhat contracted, and was a well-marked specimen of cirrhosis.

**Extensive disease of mitral valves; auricular vegetation.**—Dr. SINKLER also presented this specimen, from Maggie L., æt. 16, who was admitted to the Episcopal Hospital January 13, 1874. She had suffered from a severe attack of acute articular rheumatism, and on admission had violent dyspnoea on the slightest exertion. There was a dry cough. The heart was hypertrophied, and an unusually loud murmur was heard all over the præcordia, with the systole and diastole. The murmur was loudest at the apex, and was heard with distinctness at the inferior angle of the scapula. It diminished in intensity towards the sternum.

On August 24 she had another attack of articular rheumatism, and complained of pain in the præcordia. Death occurred on the 30th.

On *post-mortem* the left lung was found bound down by old adhesions, and there was a tubercular deposit at the apex. The pericardial sac was obliterated by a recent formation of lymph. The tricuspid valves were partially adherent. The leaflets of the mitral valve were thickly covered with vegetations of a calcareous nature, and extending into the left auricle were exten-

sive villous vegetations, the lower half of the anterior surface of the endocardium being covered by the vegetations. Aortic valves healthy.

The PRESIDENT said that there were two or three points of interest in connection with these cases constituting the group an extraordinary one. Two of the cases exhibited universally adherent pericardium, and in another the pericardium was partially adherent. Universal adhesion of the pericardium is of itself a comparatively rare affection. In one of the specimens the appearances indicated the presence of the rare form of pericarditis known as "hæmorrhagica." Before pronouncing positively upon the nature of the clot-like layer which invests the body of the heart, he would refer the specimen to the Committee on Morbid Growths.

Another point was the occurrence of vegetations on the auricular endocardium, quite independent of the valves, —a condition rarely met. The question of presystolic murmurs has attracted so much attention of late years that the presence of the vegetations becomes of double interest. He thought it highly probable that a considerable portion of the murmur in this case depended upon these vegetations. A third point of interest was the fact that a patulous foramen ovale should be presented in a person of such advanced age as sixty. Dr. P. agreed, however, with Dr. Sinkler in attributing no great practical significance to this lesion. Several years ago he made several hundred examinations of the condition of the heart, noting carefully in each instance the condition of this foramen. In a considerable proportion of cases he had found it patulous in persons of advanced years, occasionally with, but as often without, coincident heart-disease.

Dr. J. EWING MEARS asked whether in those cases of patulous foramen which attended heart-disease there was any relation between the two.

The PRESIDENT replied that when he had found this condition present in cases of heart-disease it had seemed to be usually associated with one of two conditions: 1, excessive dilatation of the auricular cavities, when the opening in the valve might be caused by atrophy due to excessive stretching, just as small perforations are found near the free border of the aortic valves in cases of great dilatation of the orifice of that vessel; or, 2, an excessive degree of intra-cardiac tension, due to obstructive valvular disease, and operating unequally on the cavities of the right and left sides of the heart, in which case the strain might cause a separation of the valve of the foramen at its point of weakest attachment. In still other cases, a small opening in the valve might persist from infancy.

The thickened blood-stained pericardium was referred to the Committee on Morbid Growths, which reported September 24, 1874:

"The thick pericardial covering upon the heart, presented by Dr. Sinkler, is composed of laminæ of corpuscular elements (leucocytes) enclosed in the meshes of the interlacing, delicate fibres of organized fibrin. This covering is therefore to be regarded as an inflammatory product."

**Tumor involving the parotid gland and masseter muscle.**—Dr. J. EWING MEARS presented the specimen, which he had removed from a male patient, aged 58, at St. Mary's Hospital. A description of the specimen will appear in a forthcoming number of the *Medical Times*. It was referred to the Committee on Morbid Growths, which reported September 24, 1874:

"The large tumor removed from the parotid region on September 10, by Dr. Mears, is made up of large round and spindle-cell elements; the sparse interstitial substance is finely fibrillated.

"Some of the sections reveal the presence of a glandular tissue and ducts lined with cylindrical epithelium, thus leaving little doubt of the involvement of the paro-

tid gland. There is apparently no excessive development of the epithelial lining, no budding out of epithelial processes; but, on the other hand, the glandular cells are widely separated and compressed by the abundant development of the sarcomatous cells in the connective tissue.

"The sarcoma has likewise invaded the masseter muscle, and here it also seems to spread along the connective tissue mainly, though in a few of the muscular fibres beneath the sarcolemma were seen extending the large nucleated bodies, as if the sarcomatous elements were undergoing a similar transformation.

"Further study of these sections will, however, be requisite before your committee can pronounce with any degree of certainty on this point. Many of the muscular fibres are irregular in outline, swollen and contorted; their striations are obliterated, a so-called 'amyloid degeneration' having taken place. This condition has often been noted in muscular fibres that are being encroached upon by new growths."

*Osteo-sarcoma of the lower jaw, involving the ramus, angle, and a portion of the body.*—Dr. MEARS presented the specimen, which he had removed from a boy, æt. 14. A description will appear in a forthcoming number of the *Medical Times*.

Dr. MEARS further said that in this case the diagnosis was sarcoma, the jaw presenting the stony hardness of such growths. But the diagnosis in this situation is at all times difficult. Where the lymphatics over the parotid are the seats of disease, the movability of the growth aids a decision. Last summer he had removed a tumor, as large as a Sicily orange, from directly over the parotid, and he was confident that it did not involve the gland, from this circumstance.

The PRESIDENT asked whether the degree to which the mouth could be opened could be of assistance in the diagnosis of these cases.

Dr. MEARS said that in the last case there was almost entire occlusion: it being possible only to introduce the handle of a scalpel between the teeth. He had thought the occlusion due, in these cases, to an involvement of the masseter muscle.

The PRESIDENT replied that the question had been suggested by the fact of the extreme occlusion which attends the implication of the parotid in medical cases. He thought it might be possible to draw an inference as to site of growth from the presence or absence of this difficulty. A tumor of the periosteum, for example, we would primarily suppose less likely to prevent opening of the jaws than one more directly involving the parotid or the muscles.

The specimen was referred to the Committee on Morbid Growths, which reported, September 24, 1874:

"The series of small tumors removed by Dr. Mears from a patient æt. 14 present, as suspected, the well-known microscopic appearances of the round-cell sarcoma; but only in such a subordinate manner that your committee, in making this their preliminary report, are inclined to view it as a mere sarcomatous degeneration of the striated muscular fibres which make up the bulk of the growth,—in short, are seen in sections made in every possible direction. Should this prove, upon further investigation, to be the case, then it must be pronounced a *myosarcoma*."

## REVIEWS AND BOOK NOTICES.

ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE. By HENRY HARTSHORNE, M.D. Fourth Edition. H. C. Lea, Philadelphia, 1874.

A book which reaches its fourth edition in seven years certainly may be looked upon as a pecuniary

success,—a success which the present volume has deserved, in that it is the best of its class,—albeit that class is, to our thinking, of doubtful value.

## SELECTIONS.

### CASE OF FATAL POISONING BY AN OVER-DOSE OF GELSEMINUM SEMPERVIRENS.

AUGUST 20, 1874, Frank R., æt. 24, took for neuralgia, at 1 o'clock A.M., a teaspoonful of Tilden's fluid extract of gelseminum, and in about fifteen minutes repeated the dose. The pain was soon relieved, and his eyes felt heavy, but in about half an hour he began to complain of choking, and soon arose struggling for breath, pushing his fingers into his throat as if trying to tear it open. He staggered, reeling from one room to another as though intoxicated, and in a short time after these symptoms came on he threw himself upon the floor and became unconscious. This is the history of the case as I received it from his family.

I was summoned about 3.45 A.M., and reached the house at 4 A.M. Found patient moribund, respiration gasping, three or four per minute, pulse rapid and feeble. He was totally unconscious, and could not be roused; pupils dilated, not responding to light, and could be touched without producing any contraction of the lids. Muscles relaxed, lower jaw drooping. Skin moist, extremities rather cold.

As the patient was so far gone, as the dose had been swallowed three hours before and was probably all absorbed, and as there was such complete insensibility, I considered it useless to try emetics. I laid him upon his back with head upon floor, dashed cold water upon face and chest to excite respiration. Gave brandy-and-water in small quantities frequently, and five grains of carbonate of ammonia every five minutes. Mustard to spine, and friction upon extremities. The respirations became more infrequent, and the pulse grew slower and weaker. Artificial respiration was kept up for half an hour, but without avail, and he died at 4.45 A.M. No convulsions at any time.

*Autopsy*, five and a half hours after death.—Body well nourished, rigor mortis well marked. The blood was very fluid and dark-colored, and showed no tendency to coagulate or to turn red upon exposure to the air, even after standing in a large tub for two hours. Heart, lungs, spleen, kidneys, normal. Liver dark-colored, and contained much fluid blood. Stomach contained four ounces of light-colored fluid mixed with glairy mucus. Its internal surface was deeply congested, and marked by tortuous dilated vessels. Intestines normal. Brain rather pale. Sinuses not congested. The internal substance of the cerebral lobes was dotted here and there with small red points, but these were not sufficiently large or numerous to be considered of much pathological importance. No collection of fluid in ventricles. —J. T. Boutelle, M.D., in *Boston Medical and Surgical Journal*.

ICE IN PAINFUL CONDITIONS OF THE BLADDER AND RECTUM (*The Chicago Medical Journal*, September, 1874).—Dr. Henry M. Lyman reports cases of internal piles, irritable bladder, recto-vaginal abscess, and vesical irritation, caused by cantharidal poisoning, in all of which great and immediate relief was obtained by the employment of ice suppositories either in the rectum or vagina; and when their use was persevered in, a complete cure resulted.



## GLEANINGS FROM OUR EXCHANGES.

**IPPECACUANHA SPRAY IN WINTER COUGH AND BRONCHITIC ASTHMA** (*The Lancet*, September 5, 1874).—Drs. Sydney Ringer and William Murrell have obtained excellent results from the use of ippecacuanha-spray in winter cough, a typical case of which disease they describe as follows:

The patient has been troubled with winter cough perhaps for many years. During the summer he is pretty well; but during the cold months, from October to May, he suffers sometimes without intermission, occasionally getting a little better, and then catching cold; or perhaps he may lose his cough for a few weeks, but again takes cold on the slightest exposure. So short is the breathing that he can walk only a few yards, especially in the cold air, and finds it hard work to get up-stairs, and is often quite unfitted for active life. The breathing grows worse at night, so that he cannot sleep unless the head is propped up with several pillows. He is troubled, too, with paroxysmal dyspnoea, usually at night, which may last several hours, and compels him to sit up. Sometimes the breathing is difficult only on exertion; and in those cases it is made much worse by fogs, east winds, or damp. The expectoration varies greatly: in a few cases there is very little; usually, however, it is rather abundant, and consists of mucus or pus, often with little or no rhonchus in the chest. It is often difficult to expel the expectoration. The cough is generally very violent, frequent, hacking, and paroxysmal, and the fits may last ten or twenty minutes, and even excite vomiting. They are generally brought on by exertion; nay, in bad cases so easily are they provoked that the patient is afraid to move, or even to speak. The cough and expectoration are much worse in the morning on waking. Sometimes the cough is slight, and then the expectoration is generally scanty, the distressed breathing being the chief symptom. The patient generally wheezes badly, especially at night, and in a bad case the legs are swollen. The patient is emphysematous; there is often no rhonchus, or only sonorous and sibilant or a little bubbling rhonchus at both bases.

In such cases the ordinary spray-producer was used, with ippecacuanha wine pure or variously diluted. On the first application it sometimes excites a paroxysm of coughing, which generally soon subsides, but if it continues, a weaker solution should be used. The patient soon becomes accustomed to it, and inhales the spray freely into the lungs. At first a patient inhales less adroitly than he learns to do afterwards, as he is apt to arch his tongue so that it touches the soft palate, and consequently less enters the chest than when the tongue is depressed. The spray may produce dryness or roughness of the throat, with a raw, sore sensation beneath the sternum, and sometimes it causes hoarseness; whilst, on the contrary, some hoarse patients recover voice with the first inhalation. As they go on with the inhalation, they feel it getting lower and lower into the chest, till many say they can feel it as low as the ensiform cartilage.

The dyspnoea is the first symptom relieved; but soon the cough and expectoration are lessened, and then disappear. The inhalation should be used at first daily, and in bad cases twice or thrice in the day; afterwards, every other day suffices, and the interval may be gradually extended. If the ippecacuanha wine is diluted, then the spray must be used a longer time. In cold weather the wine should be warmed.

All but one of twenty-five patients were benefited. In one case the improvement was very gradual, but there was evident temporary improvement after each inhalation. In twenty-one cases the average number of inhalations required was 9.4, and the average num-

ber of days was twelve, before the patients were discharged, cured. The greatest number of inhalations in one case was eighteen, and the smallest three. The case longest under treatment required twenty-four days; the shortest, four.

In bronchial asthma very satisfactory results have been obtained by the same means.

**DETERMINATION OF THE SEX IN UTERO** (*Chicago Medical Journal*, September, 1874).—As the result of observations in fifty obstetrical cases, Dr. D. A. K. Steele has come to the following conclusions:

1. In the majority of cases *male* foetal hearts are slower than *female*.
2. 132 foetal pulsations per minute is the average dividing line. Below this, 68½ per cent. are male; 20 per cent. female; 11½ per cent. doubtful. Above this, 53½ per cent. are female; 26½ per cent. male; 20 per cent. doubtful.
3. The most accurate observations are made during the last four weeks of gestation.
4. The rapidity of the heart's action is increased in proportion to the feebleness of the foetus.
5. Calcareous or fatty degeneration of the placenta renders the pulsations feeble and irregular.
6. In some cases it would be possible to diagnose diseased conditions of the placenta from careful observation of the foetal heart.

The sounds of the foetal heart may be rendered feeble by thick abdominal walls, tense abdominal muscles, or the presence of a large quantity of amniotic fluid.

The attachment of the placenta may be determined by the souffle, a soft blowing murmur, synchronous with the maternal heart-beat.

The weight of the child does not increase the force of the foetal heart. During labor the foetal heart becomes accelerated and irregular in its action. The most accurate diagnosis was the result of repeated observations, as the foetal heart might be accelerated in its action by temporary excitement during a single examination.

**LOCAL POISONING BY LEAD.**—Dr. A. Manouvriez, having inquired into the experience of thirty workmen who from the nature of their occupations were brought more or less into contact with lead, has come to the conclusion that possibly all the local symptoms of paralysis, change of sensibility, etc., are the result of the direct absorption of the poison through the skin. In those who were right-handed, it was always the right upper extremity that was affected; while in the left-handed the symptoms were, for the most part, confined to the left upper extremity. A worker in white-lead, whose feet were most frequently brought into play (in the process of stamping), was first affected in these parts. Two right-handed workmen happened to be seized with paralysis in the left arms and hands, but in their case it transpired that it was the left upper extremity which had come in contact with the lead.

In view of these observations, we are justified in asserting that by applying an artificial protection to the skin of lead-workers we may be able to afford an efficient prophylactic against lead-poisoning.—*Gaz. des Hôpitaux*, May 7, 1874.—*Boston Medical and Surgical Journal*.

**ARTIFICIAL PRODUCTION OF DIABETES** (*The Lancet*, August 29, 1874).—Dr. Pavy has found that the injection of defibrinated arterial blood into the portal system occasions a saccharine state of the urine. In one experiment, the urine after the operation contained fifteen grains of sugar to the fluidounce, and in others the quantity has amounted to nearly the same. In the counterpart experiment of injecting defibrinated venous

blood into the portal system, the urine showed no signs of the presence of sugar. It thus appears that oxygenated blood passing to the liver causes an escape of sugar from the organ, and thence an accumulation in the system and discharge with the urine. It also appears that through the medium of the respiration of oxygen he has succeeded in inducing a sufficiently oxygenated state of the blood to similarly give rise to the production of saccharine urine. He has further found that through the agency of the inhalation of puff-ball smoke an immediate and strongly diabetic state may be induced, and that the effect is accompanied with such a modification of the circulation that the blood flows through the vessels, as is the case after section of the sympathetic, without becoming properly de-arterialized. His experiments, he considers, suggest that, in diabetes of the human subject, the blood, in consequence of vaso-muscular paralysis, is allowed to reach the portal vein in an imperfectly de-arterialized condition, and thus determines the escape of sugar from the liver.

**PARALYSIS AGITANS** (*The Dublin Medical Journal*, July, 1874).—Mr. Rankin reports a case of paralysis agitans, occurring in a man aged 72, by occupation a carpenter, who had first been affected with bronchitis, and then complained of great and increasing tremor in both hands and arms. This lasted for some time, so that he could not even lift a cup of water to his mouth. Tonics were tried, and improved the general health, but had no effect on the shaking. Hypodermic injections were then commenced of five minims of a solution of equal parts of water and the liquor arsenicalis, and were given every second day. After the third injection the patient was able to lift a tumblerful of water to his mouth, and could close both his hands without tremor. He complained, after the second injection, of tenderness of the conjunctiva of both eyes, showing that the arsenic was beginning rapidly to take effect. He was soon able to resume his ordinary work.

**CO-DEVELOPMENT OF INTRA- AND EXTRA-UTERINE PREGNANCY** (*St. Louis Medical and Surgical Journal*, August, 1874).—Dr. John T. Hodgson reports the case of a healthy female, æt. 27, in whom the early symptoms of pregnancy were attended by the development of a sensitive tumor within the pelvis, and to the left of the uterus, and which enlarged at the same time with the latter. For two months she had great pain in the pelvic region, with nausea and vomiting, and grew very weak. At the end of that time both the uterus and tumor had arisen out of the pelvis, and the outline of the right enlargement could be distinctly traced as continuous with the neck of the uterus, while the tumor to the left, though closely pressed against the other, was distinct.

It then ceased to enlarge, and gradually diminished in size, but remained tender to pressure, and in a month or two presented some irregularities in form, that had not before been observed.

At the proper period the woman was delivered of a healthy living child, the tumor having decreased until it was no larger than a lemon. A year later it was about the same size, somewhat irregular, a little sensitive to touch, moving freely with the uterus, lying higher in the pelvis than that organ and pushing it to the right. The case was believed to be one of tubal pregnancy, in which the sac burst about the fifth month without much hemorrhage; the fetus died, and a limited peritonitis occurred.

**MUSHROOM-POISONING** (*The Cincinnati Lancet and Observer*, October, 1874).—Dr. D. B. Jackson reports three cases of poisoning occurring in children aged respectively eight, ten, and twelve. About fifteen minutes

after eating some mushrooms they all vomited, and then became sleepy and stupid. The younger two were purged somewhat; the eldest had one convulsion. They all went to sleep in a few moments, and when seen two or three hours later lay unconscious, with upturned eyes, swollen faces, and coated tongues. Reflex action was abolished, and the ability to swallow was almost gone. Tannin was given as an antidote, with an emetic of sulphate of zinc, strong tea in large quantities, compulsory exercise, and cold douches to the head and spine. These remedies were persevered in for about three hours, when the narcotism disappeared and the patients were found to be out of danger.

## NOTES AND QUERIES.

We have been asked to give room to the subjoined notice, and in doing so take occasion to remind our city readers that the Academy is at present in great need of a few thousand dollars to enable it to roof in its new building. It would be a disgrace to our city if this should not be obtained; and as many of the Philadelphia naturalists have been among the brightest lights of our profession, we, as physicians, ought to be doubly interested in the matter. The smallest contributions will be acceptable, and may be sent to Dr. W. S. W. Ruschenberger, hall of the Academy. Some who cannot themselves give may be able to obtain one or more subscriptions from their friends or patients.

**ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA.**—The matriculants of all medical schools established in Philadelphia are admitted to the museum of the Academy of Natural Sciences of Philadelphia on exhibiting their matriculating tickets at the door.

"The museum is open on Tuesdays and Fridays, from ten o'clock A.M. till sunset."

**A NEW CHARITY** has been started in this city, under the name of the Gynecological Hospital and Infirmary for Diseases of Children. The title sufficiently indicates its object. The incorporators are John Pearce, James Moore, John J. Reese, William S. Reyburn, D. Hayes Agnew, Thomas Dolan, John Robbins, J. A. McFerran, Theo. H. Seyfert, M. Simpson, L. P. Hornberger, Joseph Singerly, Dilwyn Parrish, and S. Flanagan.

## OBITUARY.

**DR. WASHINGTON ATLEE HOFFMAN**, Physician to the City and Port of Philadelphia, whose death has already been announced in the *Times*, was a graduate of Amherst College, in the class of 1864, studied medicine and languages at the University of Göttingen for about two years, and graduated in medicine at the University of Pennsylvania in the class of 1868. Shortly after his graduation he was elected one of the Resident Physicians to the Philadelphia Hospital (Blockley). Since the expiration of his term of service at that institution, although only thirty years of age at the time of his death, he has held various public positions, among which were Physician to the Charity Hospital and Physician to the German Hospital, to which position he was elected only a few days before his death. He was appointed by the late Governor Geary Surgeon-in-Chief, with the rank of Major, of the First Brigade, under the command of General Bankson, and in January, 1873, he was appointed Port-Physician by Governor Hartranft.

Dr. Hoffman's social qualities, his uniform courtesy, his unremitting attention to his duties, and his unimpeachable integrity, peculiarly fitted him to fill positions of public trust, while his fidelity to the honor of the high calling which he had chosen won for him the universal regard and esteem of his professional brethren.

The first conversational meeting of the Philadelphia County Medical Society for the season will be held at 8 P.M. on the evening of October 14. A large attendance is requested, as the subject of the Society's publications is to be decided.